



Project No. _____

CITY OF LOS ALTOS
1 NORTH SAN ANTONIO ROAD, LOS ALTOS CA
PHONE: (650) 947-2752 FAX: (650) 947-2734

CONTRACTORS' APPLICATION FOR RE-ROOFING

JOB ADDRESS: _____ **DATE:** _____

PROPERTY OWNER:

Name: _____

Address: _____

City/Zip Code: _____

Phone No.: _____

CONTRACTOR:

Name: _____

Address/City/Zip: _____

Email: _____

Phone No.: _____

License No. _____

VALUATION OF ROOF: \$ _____ **PERMIT FEE \$** _____

Partial Re-roof? ____Yes ____No

Solar Panels Installed on Roof? ____Yes ____No

Attached or Detached Garage? (circle one) Any detached structures on property? ____Yes ____No

New Roof Type: _____ Existing Roof Type: _____

Will Existing Roof Coverings be Removed? Yes ____ No ____

Number of Existing Roof Coverings: _____ Weight of New Roofing Material: * _____

Roof System Fire Classification: A ____ B ____ C ____

Basis for Roof System Approval: ICBO ES # ____ UL# ____ ASTM# ____ OTHER ____

Will New Sheathing be Added? Yes ____ No ____ What Type of Sheathing? _____

***IF NEW PLUS EXISTING ROOFING WEIGHS MORE THAN 6 PSF UTILIZE UBC RAFTER SPAN TABLES OR PROVIDE ENGINEERING CALCULATIONS**

☐ **I will review the current roof ventilation requirements as per Section R806 of the Residential Building Code with the property owner. See handout attached to permit card.**

Smoke/carbon monoxide detectors to be installed per R314 & R315 per the 2016 CRC
Contractor's initials _____

I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE INFORMATION GIVEN IS TRUE AND CORRECT. I AGREE TO COMPLY WITH ALL CITY ORDINANCES AND STATE LAWS RELATING TO THIS CONSTRUCTION, REMODEL OR REPAIR, AND I MAKE THIS STATEMENT UNDER PENALTY OF LAW.

CONTRACTOR'S SIGNATURE: _____ **DATE:** _____